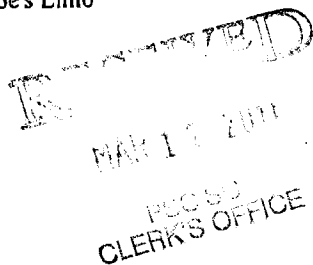


228651

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo



BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2011 - 118 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: COMMUNITY CHARTER SERVICES LLC Telephone: 803-637-5289

Address: 275 PLUM BRANCH RD Fax: _____

EDGEFIELD SC 29824 Other: _____

ALVA LEWIS/LIL RIKARD Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

228651

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CLASS C - CHARTER BUS CERTIFICATE

CLASS C - CHARTER BUS

Date: 3/11/11

Application is hereby made for a Class C - Charter Bus Certificate.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

COMMUNITY CHARTER SERVICES LLC

275 PLUM BRANCH RD

Street Address of Applicant

PO BOX 118, EDGEFIELD, SC 29824

Mailing Address of Applicant if different from street address

803-637-5289

Phone

706-793-8258

FAX

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

ALVA S LEWIS, CHAIRPERSON

George Patten - Vice Chairperson

DESCRIPTION OF EQUIPMENT

[illegible]

03/17/2011 12:43 8037368945

TCC

PAGE 01/01

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:

COMMUNITY CHARTER SERVICES LLC

Name of Motor Carrier

275 PLUM BRANCH RD, EDEFIELD, SC 29824

Address of Motor Carrier

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 5,000,000

Limits \$5,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers \$ 25,000/300,000/25,000

National Casualty Company

Name of Insurance Company

8877 N Gainey Center Dr, Scottsdale AZ 85258

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3-17-11

Date

Kristi H. Vase

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit FWA

COMMUNITY CHARTER SERVICES LLC

Name

2092810

U.S.D.O.T No.

730046

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes☒ No☐ Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Edgefield

Albra S. Lewis
Applicant's Signature

I, Albra S. Lewis, Chairperson
Name of Applicant's Representative Title

of COMMUNITY CHARTER SERVICES LLC
Applicant

the Applicant for the Charter Bus Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Albra Lewis
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 19 day of MARCH, 2011

Charles W. Pennington
Notary Public

Commission Expires May 01, 2016

Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic
Filing Fee - \$110.00

OCT 2010

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

COMMUNITY CHARTER SERVICES, LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

ALVA S. LEWIS

Street Address

EDGEFIELD 29824

City

Zip Code

3. The initial agent for service of process is

ALVA S. LEWIS

Name

Alva S. Lewis
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

432 GLOVER ST

Street Address

EDGEFIELD 29284

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) ALVA S. LEWIS

Name

432 GLOVER ST

Street Address

EDGEFIELD SC 29824

City

State

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

Form Revised by South Carolina
Secretary of State, December 2009.

101022-0187

FILED: 10/22/2010

COMMUNITY CHARTER SERVICES, LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company COMMUNITY CHARTER SERVICES, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) _____
 Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
- (b) _____
 Name _____
 Street Address _____
 City _____ State _____ Zip Code _____
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §35-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determined to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Alva S. Lewis
 Signature of Organizer

10-13-10
 Date

 Signature of Organizer

 Date

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

COMMUNITY CHARTER SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 22nd, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
22nd day of October, 2010.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State